

PEER HELPERS APPLICATION

NAME: _____

GRADE: _____ HOMEROOM #: _____

TEAM; _____

1. WHAT KIND OF ISSUES CONCERN MIDDLE SCHOOL STUDENTS HERE AT OMS?

2. WHY ARE YOU INTERESTED IN BECOMING A PEER HELPER?

3. DO YOUR FRIENDS COME TO YOU FOR ADVICE? WHY?

4. WHAT ARE YOUR SCHOOL ACTIVITIES? WHAT ARE YOUR INTERESTS OUTSIDE OF SCHOOL?

MINIMUM TIME COMMITMENT IS ONE TUESDAY A MONTH AFTER SCHOOL

ALL APPLICATIONS ARE DUE BY OCTOBER 20th
TO THE MAIN OFFICE or room 108 (Mrs. Nikula)